4669227257

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeffery Burks DATE 5/26/88 PERMIT NO. _____

PHONE: Business _____ Home 663-5181

LOCATION 21 - 115 N TR Shinnville Rd. 6th house on R past GINGER LANE ON left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (/) Mobile Home ( ) Business ( ) Other _____

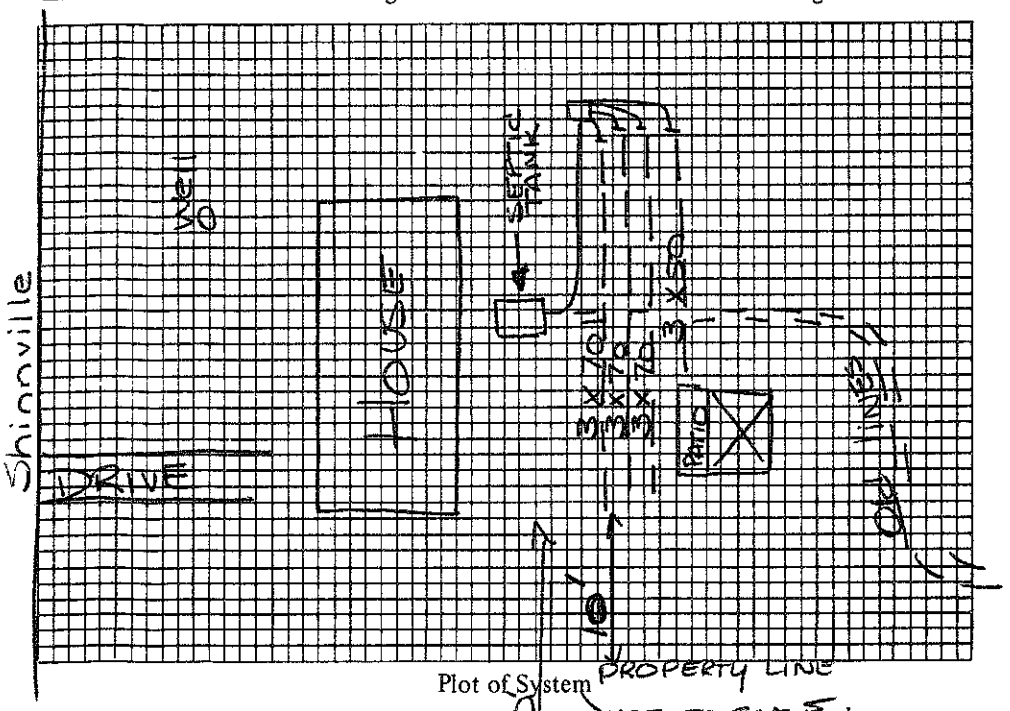
No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (/)	
Auto. Dishwasher	Yes (/)	No ( )	
Auto. Wash. Machine	Yes (/)	No ( )	
Site Suitable	Yes (/)	No ( )	

Character & Porosity of Soil clayey
Percolation Rate .35 - .4 gpd/sq.ft
Topography 2-9%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area EXISTING.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE.

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 780 Linear Ft. 260
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by AAA ENTERPRISES.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 5/26/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeffery Burks DATE 3/16/88 PERMIT NO. _____

PHONE: Business _____ Home 663-5181

LOCATION 21-115N TR Shinnville Rd. 6th house on R. past Ginger Lane on Left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

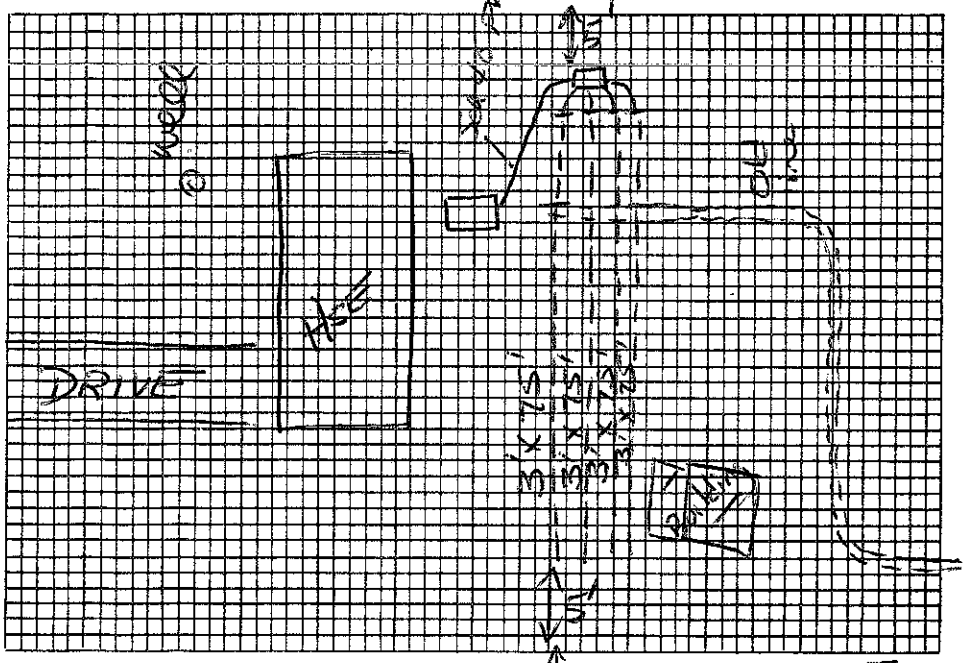
House (✓) Mobile Home ( ) Business ( ) Other REPAIR

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable P.S. Yes (✓) No ( )
Lot Area existing

Character & Porosity of Soil clayey
Percolation Rate ~35-9 existing
Topography 2-4% to
Depth to Water Table 4+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: [signature]

IMPROVEMENTS PERMIT BY Andrew C. Burris

COMMENTS: @ Keep as shallow as possible

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold